

| POSITION                  | INITIALS     | ID NO.       | DATE            |
|---------------------------|--------------|--------------|-----------------|
| FEE DETERMINATION         | <i>MM</i>    | <i>62810</i> | <i>7/15/00</i>  |
| O.I.P.E. CLASSIFIER       | <i>SW</i>    | <i>32</i>    | <i>7/20</i>     |
| FORMALITY REVIEW          | <i>M. H.</i> | <i>625</i>   | <i>08-24-00</i> |
| RESPONSE FORMALITY REVIEW |              |              |                 |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
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**BEST AVAILABLE COPY**

If more than 150 claims or 10 actions  
staple additional sheet here

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